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Perceived Barriers to Obtaining Psychiatric Treatment at Johnson City Community Health

Center

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Abstract:

The purpose of this study was to describe the perceived barriers to obtaining psychiatric treatment at the Johnson City Community Health Center. The context of the study was a rural area in Eastern Tennessee. Five patients with confirmed DSM-IV mental health diagnoses were recruited during treatment and interviewed at the Johnson City Community Health Center after their scheduled appointments with a Mental Health Nurse Practitioner (MHNP). The semi-structured interview focused on perceived barriers to obtaining treatment, perceptions of treatment received, and perceived availability of treatment. From those interviews, two themes were identified and each of which had two sub-themes identified: Realities of Treatment with the sub-themes of Therapy-Related Realities and Logistics Realities, The Way It Is with the sub-themes of Take Care of It Myself and Don't Want People to Know. The findings indicate that there is a duality of positive and negative aspects of treatment at Johnson City Community Health Center. Understanding the needs and perceptions of those with psychiatric diagnoses will assist all staff and mental health providers in developing programs that are better suited for those with psychiatric diagnoses receiving treatment from Johnson City Community Health Center.

Perceived Barriers to Psychiatric Treatment at the Johnson City Community Health Center

Background:

One key factor for patients with mental illnesses that influences whether they achieve successful outcomes is obtaining appropriate treatment. Treatment success rates vary by diagnosis and severity of the disease. The National Alliance of Mental Illness (NAMI) has estimated treatment success rates for the following: Bipolar – 80%, Major Depression – 65%, and Schizophrenia – 45% (NAMI, n.d.). This study seeks to address the perceptions and experience of obtaining mental health treatment for patients who have been diagnosed with a mental illness at a rural mental health clinic, Johnson City Community Health Center (JCCHC).

Statement of the Problem:

Understanding the barriers to treatment in mental health is integral to obtaining improved disease management. This study evaluated perceived barriers of patients who have been previously diagnosed with a mental illness to receiving mental health care at the Johnson City Community Health Center.

Research Questions:

1. What do patients perceive as barriers to accessing mental health care at the Johnson City Community Health Center?
2. How do patients perceive mental health care at the Johnson City Community Health Center?
 - a. What are the perceived obstacles to obtaining of mental health treatment at the Johnson City Community Health Center?
 - b. What is the perceived stigma of mental health treatment at the Johnson City Community Health Center?

Assumptions:

The researcher had an assumption that everyone deserves the same access to treatment and medications regardless of the ability to pay. The researcher felt that because someone had more money to spend or better insurance this should not be an indicator of the quality of treatment the patient receives. Furthermore, the researcher had the assumption that patients with psychiatric diagnoses had difficulty with critical-thinking or decision-making.

Limitations:

The limitations of this study are related to research method and data collection technique. The research method does not allow the conclusions of the study to be applied to any population other than those at the Johnson City Community Health Center. Additionally, the research method, phenomenology, does not allow for generalizability. The conclusions of this study are applicable to only those receiving Mental Health treatments at the Johnson City Community Health Center.

Definitions:

Mental health was defined as a state of well being in which the individual recognizes their potential, can cope with daily stressors of life, can work productively, and make a contribution to his or her community. A barrier was defined as anything perceived by the participant at JCCHC that hindered the ability of the participant to obtain treatment, including both internal and external factors. Stigma was defined as the mark of disgrace by a certain condition or illness of a person. Availability was defined as the perceived accessibility of mental health treatment at JCCHC. Non-verbal cues for the purpose of this study were defined as perceived facial expressions, hand gestures, and body movements

Overview of the Study:

This study focused on the perceived barriers of participants to procuring psychiatric treatment at JCCHC, a rural area comprehensive health clinic. Obtaining treatment was found to be a key predictor of successful outcomes related to psychiatric diagnoses in the literature review (NAMI, n.d.). However, successful outcomes varied depending on the particular illness and the severity of the illness. Understanding the perceptions of those with psychiatric diagnoses is an integral component to ensuring those with a psychiatric diagnosis have mental health services more readily available. By understanding the perceptions of those with a mental health diagnosis, the JCCHC staff and mental health providers can customize the available programs to meet the needs of the rural population that they serve.

Review of the Literature**Integrated literature review:**

Mental health is essential to personal wellbeing, to interpersonal relationships, and to quality of life. Mental health can become a significant burden and is among the most common causes of disability (“Mental health and mental disorders”, n.d.). The National Institute of Mental Health reports that in 2011, an estimated 45.9 million American adults over 18 were diagnosed with a mental illness in the last year. One essential intervention to decrease the burden of mental illness is obtaining mental health treatment. NAMI states,

“Without treatment, the consequences of mental illness for the individual and society is staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide, and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.” (NAMI, n.d.).

Patients with mental illness are confronted by challenges daily including symptom management, managing activities of daily living (ADLs), discrimination, misconceptions, and possible prejudices or stereotypes about mental health. These challenges may decrease their quality of life to include: employment, safe housing, satisfactory healthcare, and diverse interpersonal relationships (Corrigan & Watson, 2002). The impact of stigma, according to *Understanding the Impact of Stigma on People with Mental Illness*, is two-fold (Corrigan & Watson, 2002). There is a public stigma, which is the reaction that the general public has towards people with mental illness. There is also a self-stigma, which is the prejudice that people with mental illness turn against themselves.

Researchers from the University of North Carolina at Chapel Hill in their study titled *Pathways to care in first episode psychosis: A pilot study on help-seeking precipitants and barriers to care* found that the most commonly reported barrier was a failure to recognize the presence of and/or seriousness of active symptoms (Judge, Perkins, Nieri, & Penn, 2005). The second most commonly reported barrier was an uncertainty about where to seek help. The third was a lack of financial resources, insurance, or transportation to the proper facilities. A lack of insight in patients, embarrassment around seeking psychiatric care, and language and cultural barriers were reported less often (Judge, Perkins, Nieri, & Penn, 2005). The study *Pathways to care in first episode psychosis: A pilot study on help-seeking precipitants and barriers to care* was used to help the researcher identify problems associated with patients with a psychiatric diagnosis seeking treatment.

Another study titled *Barriers to Mental Health Care for Urban, Lower Income Families Referred from Pediatric Primary Care* studied parent-reported barriers on the likelihood of attending a mental health evaluation after referral from pediatric primary care (Larson, dosReis,

Stewart, Kushner, Frosch & Solomon, 2011). The study investigated perceptions, barriers, and expectation of mental health services for urban, lower income parents at the time of their child's referral to mental health care from primary care. This study concluded that a high rating of intangible barriers, relating to stigma, personal perceptions, or understanding of mental illness, were directly correlated to a lower rate of obtaining treatment (Larson, dosReis, Stewart, Kushner, Frosch & Solomon, 2011).

The literature indicates there are several barriers to receiving treatment. Common barriers reported include intangible barriers, stigma, uncertainty where to receive treatment, personal perception, or lack of resources. People diagnosed with a mental illness are a particularly vulnerable portion of the population. The literature concludes that those with mental illness often must surmount both internal and external barriers before receiving treatment and symptom management.

Research Methodology

Study Design:

This study utilized phenomenology, a qualitative descriptive design used to decipher participants' understanding, interpretation, and meaning of their own unique experiences. The study was focused on the patient-perceived barriers to procuring treatment for mental health issues.

Five patients were interviewed using a semi-structured interview at the Johnson City Community Health Center to discern their lived experience regarding mental health treatment with a focus on their perceived barriers for treatment. These interviews were transcribed and evaluated using an iterative approach by identifying codes and themes which addressed the

individuals experiences and perspectives to barriers in receiving mental health care, including availability of care and patients perceived stigma effecting the population at Johnson City Community Health Center. The researcher consulted a colleague with expertise in qualitative methods regarding the codes and themes, which were present and identified by the researcher in the transcripts.

Setting:

The context of this study is at a rural-area mental health clinic in a city located in a Southeastern state. The clinic provides comprehensive care to patients regardless of the ability to pay. The JCCHC serves a mostly Caucasian, lower socioeconomic status population with a growing number of Hispanic patients. The participant recruitment and the semi-structured interviews took place at the Johnson City Community Health Center in a private room.

Population/Sample:

A convenience sample was collected at Johnson City Community Health Center. The JCCHC was chosen because of its proximity as well as being a comprehensive community health center offering mental health treatment facility serving an underrepresented, lower socioeconomic status population. The sample included clients currently receiving treatment for a psychiatric disorder at Johnson City Community Health Center. Study inclusion criteria included: DSM IV recognized mental health diagnosis, English speaking, over 18 years of age, and a current patient at JCCHC. Study exclusion criteria include: patients without confirmed psychiatric diagnosis, non-English speaking, and under 18 years of age.

A mental health nurse practitioner at the JCCHC assisted in identification of potential candidates for inclusion or exclusion of the study. Potential candidates were introduced to the study through a flyer. The flyer provided study details and the researcher's contact information.

The potential participant then contacted the researcher, at their discretion and willingness, and scheduled a meeting time and place to conduct the interview. The researcher used one digital voice recorder to record participant interviews; those files were then transcribed verbatim for qualitative data analysis. After transcription and analysis were completed, the interviews were deleted permanently.

Data Collection:

Data collection included a digitally recorded interview using a semi-structured interview guide (see appendix A). Additionally, basic demographic data was obtained from the Mental Health Nurse Practitioner (MHNP) regarding age, gender, housing status, employment status, insurance status, and patient diagnosis. During the interview the researcher asked questions regarding their experiences of obtaining mental health treatment at the center, specifically pertaining to perceptions of barriers, availability, and perception of the treatment process. As needed, the researcher clarified with the participant to elicit more information. Field notes were also kept during the interview to describe the participant's non-verbal cues to include during the data analysis process.

Data Analysis:

Data analysis was conducted using an approach consistent with qualitative methodology by a single researcher (M.B.). After the interview was obtained, the recording was then placed on an encrypted partition of the researcher's computer. The encrypted file was transferred to a password protected jump drive at East Tennessee State University College of Nursing. The interview was then transcribed verbatim and included field notes related to non-verbal cues of the participants. The interviews were transcribed using Microsoft Word. After transcription, each interview was read as a complete text. Initial categories were identified by grouping pieces of

text in a manner that provided meaning. The researcher initially focused on text regarding the study purpose and aims. As categories or themes were identified, the researcher consulted a colleague with qualitative research expertise to ensure proper coding.

An iterative approach was used to identify the codes, themes, and subthemes within the interviews. Each transcript was read in its entirety in order to search for meaning. When meaning was identified a code was assigned to the text. After all transcripts were read, the text from the identified codes were grouped together. The grouped and coded text was then read again to search for meaning. When a question arose concerning the meaning of the categories, the text was clarified by contextualization and collaboration with the qualitative research colleague for guidance. The practices ensured accurate meanings and interpretations of the passages.

During analysis, demographic data was also considered in attempting to understand the meaning of certain passages of the participant interviews. The majority of participants depended on social programs for monetary assistance. All participants had adequate housing and a confirmed DSM-IV recognized psychiatric diagnosis.

Results:

See Table 1 in Appendix B for demographic information of the sample. Two questions were addressed through analysis: What do patients perceive as barriers to accessing mental health care at the Johnson City Community Health Center? And how do patients perceive mental health care at the Johnson City Community Health Center? Additionally, two sub-questions were addressed during analysis: Perceived obstacles to obtaining mental health treatment at JCCHC and perceived stigma of mental health treatment at the JCCHC. Two themes were identified *The Way It Is* and *Realities of Treatment*. In each theme, two sub-themes also appeared from the text during data analysis.

The Way It Is:

The Way It Is addressed the participants' complex world in which they lived. Patients with a psychiatric diagnosis must maintain the same ability to live and function in the community as those without a psychiatric diagnosis. The participants experienced difficulties relating to their mental health status and issues that were occurring in their own lives. The participants struggled with their mental illness symptoms and with juggling the daily stressors of life. Nonetheless, each participant had found a balance to function to the highest capacity of which they were capable. A participant that had been going to the center for 3 years now summed up his struggle with his mental illness: "...A few times it seemed like it might make it several months and then I would think, 'You know, I'm getting better'" and then just all of a sudden something would POW, start to go somewhere and do something and then just right back..." Another participant stated: "Monetary, physical, time management, job, etc. So, just kind of looking for a way to juggle all of that."

Two sub-themes were identified as commonalities associated with *The Way It Is*: Take Care of It Myself and Don't Want People to Know.

Take Care of It Myself -

Take Care of It Myself was identified as a sub-theme to The Way It Is. This theme addresses the participant perceptions of self-treatment, self-management of symptoms, and trust related issues. Many participants discussed the effects of the medications being taken for their respective illness. One participant saw the medications interfering with her daily life:

You are on a medication that only allows you to feel within a 6" x 6" box, then all this stuff is going on and all your feelings are becoming repressed and there is now to way to express them. And to me, that's really unhealthy.

This participant felt that although her emotions can run in a wide range of highs and lows, during times of personal life stress, she wanted to be able to express the emotions she felt she should be having. The participant felt she was being unhealthy by only feeling emotions within certain parameters as a side effect of her medication. The perception of the participant regarding the medication caused the participant to stop taking the prescribed medication, a common occurrence in this particular population.

Another participant states, “I just didn’t want to take the medication no more. I thought I could do without it... Trying to get off of it.” This participant felt that although he was taking a medication for his mental health diagnosis, that he would be able to manage his symptoms without it. Another male participant stated his similar struggle with his symptoms when he was younger:

And I would try to deal with it. I never did use the drugs or alcohol or anything like that, but I just didn’t feel the... Well, I guess it was just kind of hard to figure out... I should be able to take care of this... It just didn’t work that way.

Nonetheless, each of the participants in the study had a moment or several moments that caused them to seek mental health treatment. One of the male participants described his experience:

...You wonder if it’s worth living, you know? Never acting on them, but there were suicide thoughts back in the day. Where you just get so fed up with it and a lot of different things like that and you kind of throw in the what’s the use of going on if it’s just going to continue.

A female participant recalling her personal experiences also stated: “So I understand that there are times that, I don’t foresee it, but there could be times when you absolutely fall to your knees.”

Some of the participants shared their past experiences that left distrust or fear towards mental health providers. One participant states: “...I don’t want to open up the old closet of bones and go back through it again... I just want to leave it shut.” An older male participant stated from his past experience: “I felt like everything was falling apart, and the one I thought I could trust, I couldn’t trust. The participant also stated that he would not return to that mental health provider, “But there’s a force that just won’t allow me to do that.” The participants did not share that same distrust or fear for their provider at the center.

Don’t Want People to Know –

The sub-theme, Don’t Want People to Know, addressed stigma concerns of the participants and the lack of willingness to share their mental health diagnosis unless necessary. Many participants had stories to share relating to stigma and a need to maintain the privacy of their mental health diagnosis. The participants expressed a concern of stigma affecting their respective employment, both past and present. One participant stated: “You just don’t want people to know that you go to mental health.”

Effects on employment were demonstrated as the main concern for participants. A participant described her views: “...the social stigma thing doesn’t bother me. Effects on my work or my job? That would bother me.” Another participant goes on to state: “if the (employers) suspected or you had anything like that they wouldn’t hire you or they’d want to get

rid of you.” These participants demonstrated the main concerns of the stigma of their mental health diagnosis affecting their employment concerns.

An unwillingness to share unless necessary was also common. This was found to be true regarding family stigma or non-family members. A female participant states: “I don’t really spread anything around unless there is a need to know.” She goes on to say,

If somebody was going through a problem... Well, I would say, I’ve been to the community health center and they’re pretty good. You might want to try it out... I can vouch for them. That’s the need to know.

A male participant describes his experience regarding stigma associated with family members: “I ain’t talked to him in years (brother) because he don’t call me. He thinks I’m a bum because I don’t work.” Another male participant stated: “They thought I could do better than what I was doing... They didn’t understand the psychological part behind it and why I was unable to do that.” The participants shared experiences regarding their family’s feelings towards them and their mental illnesses. Many participants had lost contact with the majority of their family members related to mental illness symptoms.

Realities of Treatment:

Realities of treatment addressed the issues the participants faced obtaining treatment and issues faced once they had procured treatment for their respective psychiatric diagnoses. The participants focused on disease related realities as the most difficult aspect for them to overcome. Additionally, the participants addressed concerns related to positive and negative aspects they have experienced receiving treatment at JCCHC. The participants expressed past troubles, but were also able to speak highly of the care they had received at JCCHC. A male participant described his experience: “It’s been very helpful. It takes a little time, but you know... It seemed

to help with the depression and anxiety... I mean I still get it but not near as bad. It makes it a little easier to cope with.”

Therapy-Related Realities:

Therapy Related Realities illustrated the duality of both positive and negative aspects of the treatment being received. Issues revolved around medication effects, money, and perceptions of the mental health providers. The participants realized that even if they manage their symptoms, it would only alleviate part of the problem. A female participant stated: “I got things that are going on with me that I really want to look at... things that are happening with me, but don’t have anything to do with mental health except that it’s damaging my mental health.”

Additionally, money to pay for treatment weighed on all participants decisions regarding how often they would come to the center. A male participant stated: “Well, I owe them some money, but I ain’t got it to pay them.” A female participant stated: “... I had a bill and I was thinking, I can’t add to it right now because I can’t pay anymore...” The financial state of the participants was a finding that related to how often the participant would come to the center.

Medication effects and access to medications was another issue about which the participants felt strongly, both positively and negatively. A female participant describes her relationship with her mental health nurse practitioner regarding medication therapy:

She knows to ease me onto stuff and to ease me off of stuff, because she knows I’m highly sensitive to that sort of stuff... She works with me... But it is who she is that you can trust she is looking out for your best interest.

A male participant also describes his experience with medications at the center, “We changed to a different medication and it seems to have done better... I don’t know why that this

one just seemed to kick right in.” The participants demonstrated the duality in treatment, positive and negative, that they have accepted during their time receiving mental health treatment.

Logistic Realities:

Logistic Realities addressed the concerns of participants regarding scheduling, rules of the center, and message relays. The main concern of the participants was related to being able to call in for a refill on a prescription they had. One participant stated,

“The only real problem that I’ve had here would be calling in when I need refills on prescriptions or anything. Can’t seem to get that done. Usually you have to come in to get that done. That’s been my only real frustration, but outside of that, the care has been great.”

Scheduling was another concern of the patients receiving mental health services at the center. Several participants had issues regarding initially procuring their appointment in addition to external concerns about making their scheduled appointment times. Furthermore the availability of the mental health nurse practitioners was an issue the participants felt hindered their access of receiving mental health treatment. Nonetheless, as with all concerns, a duality of positive and negative aspects was present. A female participant stated, “It would be great if there were evening or weekend hours, but I understand that everyone else is stretched just like we are.” This participant demonstrated the realities of the logistics of receiving treatment for her mental illness.

Discussion:

The themes showed that the patients that received mental health care shared similar experiences at JCCHC. The analysis was guided by the semi-structured interview questions that focused on perceived obstacles to obtaining treatment, perceived availability of treatment, and

the perception of treatment received. Additionally, the researcher also asked participants about past experiences when they were not receiving treatment at JCCHC. Therefore, the focus of the analysis was not specific to obstacles to obtaining treatment at JCCHC. Nonetheless, the literature supported the findings of intangible barriers, relating to stigma, personal perceptions, or understanding of mental illness being the most common difficulties reported or perceived by patients in obtaining mental health treatment (Larson, dosReis, Stewart, Kushner, Frosch & Solomon, 2011).

A limitation that was discovered during the analysis process was related to the primary research questions. Due to the repetitive nature of the questions, the researcher was unclear whether or not there should have been a single question with the two sub-questions. The repetition caused some confusion and did not allow the researcher to answer the questions clearly. It was determined by the researcher and the qualitative colleague that the utility of question 1 was questioned because of the repetitive nature.

The participants at JCCHC live complex and busy lives similar to all other people, but in order to maintain, they must deal with an additional stressor, mental illness. This gave the patient a higher level of stress related to disease management. Additionally, several participants felt as though they could do without medications. However, the major symptoms of the respective illness returned and the participant sought the help of medications and a mental health nurse practitioner once more. Furthermore, experiences of some of the participants led to a distrust of mental health providers and the mental health treatment they were receiving. Through stories the participants shared, they demonstrated a need to take care of it on their own related to self-treatment, symptom self-management, and trust issues towards therapists.

In all the aspects that have been discussed, the overall consensus of the participants was that they did not want to leave the care they were receiving at JCCHC. They felt that the perceived experience they had in obtaining was excellent with some minor glitches in the system. Additionally, the perceptions of the care they received were with a positive tone with some small issues of care of which they had concern. Overall, the participants of this study perceived JCCHC as an excellent place to receive mental health services. One male participant stated, "...It seems to be pretty much the overall care, and you know, we need that."

Conclusions:

The study findings reveal both difficulties and favorable circumstances of obtaining psychiatric treatment at the Johnson City Community Health Center. The favorable was observed to outweigh the difficulties; however, not all participants have experiences similar to those. Several participants of the study had more difficult times than others. In summary, the difficulties faced by the participants were related to scheduling issues, symptoms of diseases, apprehension or trust for mental health nurse practitioners, money-related issues, and the rules of the JCCHC related to prescription medication availability.

By asking and listening to the mental health patients at JCCHC, the staff can develop and implement programs to assist the patients with care they deem crucial. In order to maintain or increase the percentage of patients with mental illness that receive treatment, identifying perceived patient barriers is imperative.

Implications for Nursing Education, Research and Practice:

The patient perceptions of the treatment received at the center are remarkable. Each patient shared stories regarding their experiences regarding difficulties, but each patient illustrated a deep gratitude towards their respective mental health provider. The participants

perceived the center as an excellent community resource. Additionally, more modeling of a community-based comprehensive health care center with mental health services offered would be instrumental in aiding the center in their mission to serve the underserved.

Continuous monitoring of patient perceptions of care received and perceptions of obstacles or difficulties in obtaining the treatment they require would be key in building upon the findings of this study. Several of the participants demonstrated a lack of knowledge related to a mental health crisis number or felt an inability to reach someone should a mental health emergency arose. This raised an additional need for future research or practice. Furthermore, perhaps the front office staff or other staff may require additional training or protocols for dealing with mental health patients regarding communication for prescription questions or scheduling issues, as this was a concern illustrated by multiple participants. Lastly, the study showed the need for additional research regarding the issues that mental health patients perceive as obstacles to obtaining treatment at JCCHC and other mental health services locations in the city where the center is located.

References

- Corrigan, P. W., & Watson, A. C. (2002, February). Understanding the impact of stigma on people with mental illness. *World Psychology, Volume 1(1)*(), 16-20. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/>
- Judge, A. M., Perkins, D. O., Nieri, J., & Penn, D. L. (2005, October). Pathways to care in first episode psychosis: A pilot study on help-seeking precipitants and barriers to care. *Journal of Mental Health, 14*(5), 465-469. Retrieved from <http://www.ebsco.com>
- Larson, J., dosReis, S., Stewart, M., Kushner, R., Frosch, E., & Solomon, B. (2011). Barriers to mental health care for urban, lower income families referred from pediatric primary care. *Administration and Policy in Mental Health and Mental Health Services Research, 40*(3), 159-167. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/22113729>
- Mental health and mental disorders*. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>
- NAMI. (n.d.). Retrieved from <http://il.nami.org/facts.html>
- National Institute of Mental Health. (n.d.). Retrieved from <http://www.NIMH.nih.gov>
- Theme. (n.d.). In *Merriam-Webster Dictionary online*. Retrieved from <http://www.merriam-webster.com/dictionary/theme>

Appendix A

1. Tell me about your experiences at Johnson City Community Health Center.
2. What treatment programs or options are available at JCCHC?
3. What has been your experience in receiving treatment at JCCHC? Explain.
4. Tell me about a time you experienced difficulties in having your mental health treatment needs met.
5. What has been your experience in receiving treatment at JCCHC?
6. How do you feel about the availability of mental health treatment at JCCHC? Elaborate.
7. What are some of the challenges you faced in receiving mental health care?
 - a. Which one of them was the most challenging
8. Do you have any suggestions for improving the care you have received there?

APPENDIX B

Total Number of Participants:	5
Ages of Participants:	56, 57, 57, 58, 67
Average Age of Participants:	59
Sexes of Participants:	Male – 3 Female – 2
Mental Health Diagnosis of Participant	Bipolar – 2 Major Depressive Disorder – 3
Participants with Housing	5
Participants on Medicaid	5
Participants Receiving Disability	4
Employed Participants	1
Race of Participants	Caucasian – 5